

STUDENT'S STATEMENT REGARDING SCHOOL ATTENDANCE

The information requested on this form is sought pursuant to authority granted by law (42 U.S.C. 402 and 405). While you are not required to respond, your cooperation is needed to confirm your past and/or continuing entitlement to student benefits.	NAME AND ADDRESS (For a change or correction of address, line through the old address and insert the new address.)		
SOCIAL SECURITY CLAIM NUMBER			
1. Current School Attendance			
(a) Are you now in full-time attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No (NOTE: If you are completing this form during a summer break period and you were in full-time attendance prior to the break and will continue school in the fall, you should answer YES to question 1(a). You should show the beginning date of the fall semester for question 1(b). See question 2 for past school attendance information.)			
(b) Print School's Name and Address		School Year Began <i>Month, Day, Year</i>	School Year Will End <i>Month, Day, Year</i>
(c) Type of School Program <input type="checkbox"/> High School <input type="checkbox"/> Home School <input type="checkbox"/> GED <input type="checkbox"/> Technical <input type="checkbox"/> Vocational <input type="checkbox"/> Other (Specify):			
(d) Show the number of hours per week you are scheduled to attend _____			<i>Hours</i>
(e) Show your EXPECTED graduation date from SECONDARY school (e.g., high school) _____			<i>Month, Year</i>
(f) What months between now and your expected graduation will you not be in full-time attendance for the full month? (For example, months of summer vacation) _____			
2. Last School Year		PAST DATES OF ATTENDANCE	
(a) Print School's Name and Address		School Year Began <i>Month, Day, Year</i>	School Year Ended <i>Month, Day, Year</i>
(b) Type of School Program <input type="checkbox"/> High School <input type="checkbox"/> Home School <input type="checkbox"/> GED <input type="checkbox"/> Technical <input type="checkbox"/> Vocational <input type="checkbox"/> Other (Specify):			
(c) Show the numbers of hours per week you were scheduled to attend _____			<i>Hours</i>
3. Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, show the date you were married) _____			<i>Month, Day, Year</i>
5. (a) Do you expect to earn more than _____ in year _____ ? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) IF YES, how much do you expect your total earnings to be in year _____ ? \$ _____ (c) Enter the first month you expect to earn over _____ in year _____ . _____			
6. Are you being paid by your employer to attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No			<i>Month, Year</i>
7. Do you have a bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach a voided check or copy of a savings account statement to this form. Student's name must be on the account.)			

I understand that SSA will use the earnings reported to SSA by my employer(s) and my self-employment tax return (if applicable) as the report of earnings required by law and adjust benefits under the earnings test. I also understand that it is my responsibility to ensure that the information I give SSA concerning my earnings is correct. I also understand that I must furnish additional information as needed when my benefit adjustment is not correct based on the earnings on my record.

I know that anyone who makes or causes to make a false statement or representation of material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both. I affirm that all information I have given in this document is true. I also certify that I have read the detachable information sheet. I authorize my school to disclose to the Social Security Administration any information concerning my status as a student as it pertains to past, current, or future Social Security student benefits.

SIGNATURE OF STUDENT

First Name, Middle Initial, Last Name (Write in ink) SIGN HERE →	Mailing Address		
Student's Own Social Security Number	Telephone No. (Area Code)	Date	

CERTIFICATION BY SCHOOL OFFICIAL (I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right payment under the Social Security Act commits a crime punishable under Federal law and/or State law. I affirm that all information I have given in this document is true.)

1) All information entered in items 1 and 2 is correct according to the school's records. ☐ Yes ☐ No
 2) Is the school's course of study at least 13 weeks' in duration? ☐ Yes ☐ No

SCHOOL OFFICIAL SIGNS →	School Official's Signature	Title	Telephone No. (Area Code)	Date
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